

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10600295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9		/					59								
10		/					60								
11		/					61								
12		/					62								
13		/					63								
14		/					64								
15		/					65								
16		/					66								
17		/					67								
18		/					68								
19		/					69								
20		/					70								
21		/					71								
22		/					72								
23		/					73								
24		/					74								
25	1						75								
26		/					76								
27		/					77								
28		/					78								
29		/					79								
30		/					80								
31		/					81								
32		/					82								
33		/					83								
34		/					84								
35		/					85								
36		/					86								
37		/					87								
38		/					88								
39	1						89								
40		/					90								
41		/					91								
42		/					92								
43		/					93								
44		/					94								
45		/					95								
46		/					96								
47		/					97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	44						TOTAL DEP.								
TOTAL CLAIMS	47						TOTAL CLAIMS								